

December 2024

Lutheran Social Services of Wisconsin: Innovating in Behavioral Healthcare

Introduction

Since its inception in 1882 and throughout its history, Lutheran Social Services of Wisconsin and Upper Michigan (LSS), has empowered some of the most vulnerable families across its two-state region to live their best lives and thrive.¹ LSS operates with an annual budget of approximately \$74 million that supports community and residential-based mental health and recovery programs for adults and youth; adoption; foster care; housing and homelessness prevention; care for veterans; and refugee resettlement.² Services provided across the two states take place in homes, schools, and via telehealth. LSS's network impacts nearly 30,000 individuals annually across the lifespan from elderly adults, individuals with disabilities, children, and adults experiencing mental health challenges and substance use disorder (SUD).³

Partnership Programs and Services School Centered Mental Health

Over the past five years, LSS has formalized its approach to addressing and tracking social determinants of health (SDOH) for at-risk children with significant behavioral health concerns.⁴ LSS' School Centered Mental Health (SCMH) services initiative expands traditional school-based mental health programming by providing family coaches that address the needs

of the child and their whole family outside of the school.⁵ LSS SCMH leverages schools as hubs to improve students' behavioral health care. Therapists create tailored interventions for each child seeking to prevent and resolve family crises, while family coaches address health-related social needs beyond the school walls.⁶ During the 2023-2024 academic year, LSS served 93 students and families across ten Milwaukee schools.

Over the last four years, LSS has seen a large increase in the number of families entering the program with considerable needs in one or more SDOH areas. For example, during the 2023-2024 school year, 99% of the families served identified at least one significant need at intake that was negatively impacting their overall well-being and 50% identified three or more significant needs.

The greatest social determinants impacted by LSS SCMH include housing and the ability to pay for everyday living expenses.⁷ After receiving services, 77% of families reported that they did not have a housing concern, with 23% of families reporting that they worried less about their ability to maintain housing because of the services they received through LSS SCMH. Among behavioral

health concerns, 72% of parents reported that their child, who was assessed to have a clinical concern at intake, had improved symptoms of anxiety and depression.

To increase reimbursement for LSS SCMH, the organization established the Partners of Change committee. The committee brings together stakeholders, including schools, mental health providers, and other community partners from across Wisconsin to help influence and create policy change at the state level.⁸ In 2023, this committee merged with a state-wide grant funded coalition. The coalition continues to seek legislative policy change, and LSS serves as a member of the board. In 2024, LSS received a \$400,000 grant funded by the Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health.⁹ The 3-year grant is funding an evaluation of the SCMH program, supporting the work of the Family Coach.

Healthcare Partnerships

LSS recognizes that uncoordinated and siloed care leads to expensive systemwide costs and poorer health outcomes. Accordingly, the Healthcare Partnership (HCP), launched in 2022, is another LSS innovation that is driving systems change. HCP is an intensive care management program designed to mitigate the increased burden on the healthcare system from individuals receiving high-cost behavioral health care while addressing health-related social needs for Medicaid beneficiaries.¹⁰ In this initiative, LSS-contracted behavioral health navigators provide service coordination, skill development, medication management, referrals to community resources and social services to individuals in need to ensure sustained care and fewer readmissions, emergency department visits, and other high-cost care.

HCP was initially piloted in cooperation with a managed care organization (MCO), Chorus Community Health Plans, an affiliate of Children's Wisconsin, one of the largest pediatric hospitals in the state. The unique arrangement saw LSS and Chorus equally share the financial risk for the first year of the pilot, which realized an 18.8% decrease in costly health care claims, a 7.7% decrease in inpatient admissions, and a 16.7% decrease in 30-day readmissions among surveyed participating patients.¹¹ One hundred percent of clients served in 2024 reported that they are better able to meet their own needs after receiving services, and that LSS services helped them accomplish their wellness goals.¹²

Connections

In 2008, the state of Wisconsin implemented a Medicaid 1915(c) home and community-based services (HCBS) waiver program called IRIS (Include, Respect, I Self-Direct).¹³ IRIS is a self-directed program designed to address the long-term needs of Medicaid beneficiaries 65 years and older, and adults 18-64 with developmental/intellectual disabilities. IRIS provides a monthly budget from which individuals can choose services that best align with their long-term goals. The range of available products and services include adaptive technology, daily living skills training, home-delivered meals, counseling and therapeutic services, vocational planning and more. IRIS participants work with an IRIS consultant agency like LSS Connections to manage their allocated budget and to coordinate their individualized care. LSS Connection's team of approximately 80 individuals provides IRIS services to nearly 3,000 individuals across the state.¹⁴

Overall, the program has yielded positive results for participants in terms of quality of life, safety in their environment, and independence in service selection. Client surveys collected over the last three years (2022-2024) show that 95% of clients served through the LSS Connections

program feel that the care coordination services provided by LSS Connections improved the quality of their lives, and 97% stated that they were treated with dignity and respect. One hundred percent of participants reported that they have the resources in place to improve access to health and wellness services.¹⁵

Revenue and Financials

Across all service lines, LSS is primarily reliant on government funded contracts with a smaller percentage of revenue for Medicaid services provided as part of LSS Connections. In this case, LSS receives a per member per month rate from the state Medicaid program to serve participants.

Over the past six years, LSS has seen a significant cash and investment strategy result in organizational financial growth from \$73,000 to over \$28 million. At the same time, LSS reduced their debt from \$12.2 million to \$5.7 million.¹⁶ This influx of financial resources is attributable to LSS negotiating better rates with payors in addition to extensive fundraising and productivity initiatives. LSS also ended expensive programs that were not producing improved outcomes for the communities they served. Specifically, LSS divested over \$25 million from programs that lacked promising outcomes data, while simultaneously increasing revenue by \$45 million, focusing resources on their successful programs, investing in staff retention, and improving data analytics.¹⁷

Performance Measurement and Evaluation

LSS' in-house data analytics team uses valid and reliable assessment tools, client voice/surveys, and electronic health record data to track the success of their programs and progress towards meeting their performance and outcome targets. For example, the organization utilizes client surveys and assessment tools to understand the impacts of various programs, including

measuring anxiety and depressive symptoms among clients served by LSS SCMH.

LSS also uses several sources to set performance targets, including program trending performance data, industry standards, normative data, and benchmarking data. Data is used to develop strategies for quality improvement efforts, identify low-performance areas, gauge the impact of external factors on program success, and pinpoint any disparities occurring in their program results. These analyses are critical to LSS' continuous quality improvement efforts. In surveys collected over the past three years, LSS reports that 94% of their clients note improvements in quality-of-life following receipt of services from LSS, and 96% report satisfaction with LSS services.

Conclusion

LSS' programming provides critical behavioral health support to some of the most vulnerable individuals in Wisconsin and Upper Michigan. LSS has responded to shifting societal and sector trends and is proactively seeking to address health-related social needs of its clients, even in the absence of full payor reimbursement. By making a concerted effort in the past seven years to invest in data analytics and well-trained staff who are paid commensurate with the value that they provide, LSS has been able to realize improved health outcomes among its clients and higher client satisfaction rates among its clients.

While LSS has some challenges with funding, especially regarding services for which Medicaid currently does not reimburse, the organization has identified new approaches to funding through discussions with Medicaid managed

care organizations as well as through private donor gifts and research grants. It is LSS' goal to continuously expand these partnerships so that they can better serve and address their community's needs. All of these efforts have allowed the organization to become one of the largest faith-based human services providers in the Midwest.

Endnotes

- 1 Lutheran Social Services of Wisconsin and Upper Michigan, Inc. Volunteer Center of Oshkosh. [https://www.volunteeroshkosh.org/agency/detail/?agency_id=110306#:~:text=\(LSS\)%20traces%20its%20roots%20to,of%20Wisconsin%20and%20Upper%20Michigan](https://www.volunteeroshkosh.org/agency/detail/?agency_id=110306#:~:text=(LSS)%20traces%20its%20roots%20to,of%20Wisconsin%20and%20Upper%20Michigan)
- 2 Hector Colon. Wisconsin 275. BizTimes Media. <https://biztimes.com/hector-colon-wisconsin275/>
- 3 Press Releases. LSS. <https://www.lsswis.org/category/press-releases/>
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- 5 School-Centered Mental Health. LSS. 2021. <https://www.lsswis.org/wp-content/uploads/2021/01/SCMH-White-Paper.pdf>
- 6 Partners of Change. LSS. 2021. <https://www.lsswis.org/wp-content/uploads/2021/01/POC-One-Sheet.pdf>
- 7 Sustaining a Social Determinants of Health Approach to Improving Children's Behavioral Health. LSA. <https://lutheranservices.org/case-study-behavioral-health/>
- 8 School Centered Mental Health. LSS. On File with GW.
- 9 LSS awarded \$400,000 Community Impact Grant by the Wisconsin Partnership Program. LSS. January 10, 2024. <https://www.lsswis.org/2235-2/>
- 10 Healthcare Partnership. LSS. On File with GW.
- 11 Healthcare Partnership. LSS. On File with GW.
- 12 Interview with Hector Colon (President and CEO of LSS) on September 23, 2024
- 13 IRIS (Include, Respect, I Self-Direct. Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/iris/index.htm>
- 14 Long Term Care Program – Connections. LSS. On File with GW.
- 15 Interview with Hector Colon (President and CEO of LSS) on September 23, 2024
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